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| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b> |   | ATTORNEY'S DOCKET NUMBER<br><b>040283-0213</b>                          |
| INTERNATIONAL APPLICATION NO.<br><b>PCT/GB2003/003168</b>   | INTERNATIONAL FILING DATE<br><b>7/24/2003</b>   | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>10/522,873</b> |
|   |   | PRIORITY DATE CLAIMED<br><b>08/02/2002</b>                              |
| TITLE OF INVENTION<br><b>SUBSTITUTED THIENYL-HYDROXAMIC ACIDS AS HISTONE DEACETYLASE INHIBITORS</b>                                 |   |   |
| APPLICANT(S) FOR DO/EO/US<br><b>Janet Ann ARCHER, et al.</b>  |   |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:     |   |   |
| 1. <input type="checkbox"/>   | This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.   |   |
| 2. <input checked="" type="checkbox"/>  | This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.   |   |
| 3. <input type="checkbox"/>   | This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. |   |
| 4. <input type="checkbox"/>   | The US has been elected (Article 31).   |   |
| 5. <input type="checkbox"/>   | A copy of the International Application as filed (35 U.S.C. 371(c)(2))  |   |
|   | <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).  |   |
|   | <input type="checkbox"/> has been communicated by the International Bureau.   |   |
|   | <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US)  |   |
| 6. <input type="checkbox"/>   | An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))   |   |
|   | <input type="checkbox"/> is attached hereto.  |   |
|   | <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).   |   |
| 7. <input type="checkbox"/>   | Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))  |   |
|   | <input type="checkbox"/> are attached hereto (required only if not transmitted by the International Bureau).  |   |
|   | <input type="checkbox"/> have been communicated by the International Bureau.  |   |
|   | <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.  |   |
|   | <input type="checkbox"/> have not been made and will not be made.   |   |
| 8. <input type="checkbox"/>   | An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).   |   |
| 9. <input type="checkbox"/>   | An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).  |   |
| 10. <input type="checkbox"/>  | An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).                    |   |
| Items 11 to 20 below concern other document(s) or information included:   |   |   |
| 11. <input type="checkbox"/>  | An Information Disclosure Statement under 37 CFR 1.97 and 1.98.   |   |
| 12. <input type="checkbox"/>  | An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.   |   |
| 13. <input checked="" type="checkbox"/>   | A second preliminary amendment.   |   |
| 14. <input type="checkbox"/>  | An Application Data Sheet under 37 CFR 1.76.  |   |
| 15. <input type="checkbox"/>  | A substitute specification.   |   |
| 16. <input type="checkbox"/>  | A power of attorney and/or change of address letter.  |   |
| 17. <input type="checkbox"/>  | A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 – 1.825   |   |
| 18. <input type="checkbox"/>  | A second copy of the published international application under 35 U.S.C. 154(d)(4).   |   |
| 19. <input type="checkbox"/>  | A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).   |   |
| 20. <input checked="" type="checkbox"/>   | Other items or information: Assertion of Small Entity Status and Request for Refund   |   |

|   |              |   |             |   |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--------------|---|-------------|---|---------|---|----------|-----------|--|--|----------|-----------|--|---|----------|-----------|--|-------------------------------|--|-----------|------------|--|--|--|--|--|--|--|--------------|--------------|---|------|--|--|-------------|-----------|---|-------------|-----------|--|---|--|--|--|-----------|--|--------|--------------|--------------|------|----|--|--------------|-----------|----|------------|-----------|--|--------------------|---------|---|-------------|---------|--|---|--|--|--|-------------|----|-------------------------------|--|--|--|------------|--|---|--|--|--|------------|--|------------|--|--|--|------------|--|--|--|--|--|----|--|----------------------|--|--|--|------------|--|--|--|--|--|----|--|-------------------|--|--|--|------------|--|--|--|--|--|------------------------|---------|--|--|--|--|----------|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| U.S. APPLICATION NO. (If known, see 37 CFR. 1.5)<br>10/522,873  |              | INTERNATIONAL APPLICATION NO.<br>PCT/GB2003/003168                            |             | ATTORNEY'S DOCKET NUMBER<br>040283-0213 |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table> <tr> <td><input checked="" type="checkbox"/> a) Basic national fee</td> <td>\$300.00</td> <td>\$ 300.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> b) Examination fee</td> <td>\$200.00</td> <td>\$ 200.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> c) Search fee</td> <td>\$500.00</td> <td>\$ 500.00</td> <td></td> </tr> <tr> <td colspan="2">TOTAL OF ABOVE CALCULATIONS =</td> <td>\$1000.00</td> <td>\$ 1000.00</td> <td></td> </tr> <tr> <td colspan="6"> <input checked="" type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). 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See 37 CFR 1.27. The fees indicated above are reduced by ½.         </td> <td>\$ 1265.00</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL =</td> <td>\$ 1265.00</td> <td></td> </tr> <tr> <td colspan="4">Processing fee of 130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f))</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4">TOTAL NATIONAL FEE =</td> <td>\$ 1265.00</td> <td></td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). 40.00 per property</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4">TOTAL FEES PAID =</td> <td>\$ 2530.00</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>Amount to be refunded:</td> <td>1265.00</td> </tr> <tr> <td colspan="4"></td> <td>charged:</td> <td></td> </tr> <tr> <td colspan="6"> <p>a. <input type="checkbox"/> A check in the amount of \$ 0.00 to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>19-0741</u> in the amount of \$ 0.00 to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-0741</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charge to a credit card. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.</p> </td> </tr> <tr> <td colspan="6"> <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b></p> </td> </tr> <tr> <td colspan="6"> <p>SEND ALL CORRESPONDENCE TO:</p> <p>Foley &amp; Lardner LLP<br/>Customer Number: 22428</p> </td> </tr> <tr> <td colspan="6"> <p>for <u>MDK/MJM</u><br/>SIGNATURE<br/>Michael D. Kaminski Matthew Mulkeen<br/>NAME<br/>32,904 44,250<br/>REGISTRATION NUMBER</p> </td> </tr> </table> |              |   |             |   |         | <input checked="" type="checkbox"/> a) Basic national fee | \$300.00 | \$ 300.00 |  | <input checked="" type="checkbox"/> b) Examination fee | \$200.00 | \$ 200.00 |  | <input checked="" type="checkbox"/> c) Search fee | \$500.00 | \$ 500.00 |  | TOTAL OF ABOVE CALCULATIONS = |  | \$1000.00 | \$ 1000.00 |  | <input checked="" type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$ for each additional 50 sheets of paper or fraction thereof. |  |  |  |  |  | Total Sheets | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE |  |  | 214 - 100 = | 114 /50 = | 3 | x \$ 250.00 | \$ 750.00 |  | Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)) |  |  |  | \$ 130.00 |  | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ |  | Total Claims | 33 - 20 = | 13 | x \$ 50.00 | \$ 650.00 |  | Independent Claims | 1 - 3 = | 0 | x \$ 200.00 | \$ 0.00 |  | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  |  | + \$ 360.00 | \$ | TOTAL OF ABOVE CALCULATIONS = |  |  |  | \$ 2530.00 |  | <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 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| <input checked="" type="checkbox"/> c) Search fee   | \$500.00     | \$ 500.00   |             |   |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 214 - 100 =   | 114 /50 =    | 3   | x \$ 250.00 | \$ 750.00                               |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e))   |              |   |             | \$ 130.00                               |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CLAIMS  | NUMBER FILED | NUMBER EXTRA  | RATE        | \$                                      |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Claims  | 33 - 20 =    | 13  | x \$ 50.00  | \$ 650.00                               |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Independent Claims  | 1 - 3 =      | 0   | x \$ 200.00 | \$ 0.00                                 |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |              |   |             | + \$ 360.00                             | \$      |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL OF ABOVE CALCULATIONS =   |              |   |             | \$ 2530.00                              |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.   |              |   |             | \$ 1265.00                              |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL =  |              |   |             | \$ 1265.00                              |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Processing fee of 130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f))  |              |   |             | \$                                      |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL NATIONAL FEE =  |              |   |             | \$ 1265.00                              |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). 40.00 per property  |              |   |             | \$                                      |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL FEES PAID =   |              |   |             | \$ 2530.00                              |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |              |   |             | Amount to be refunded:                  | 1265.00 |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |              |   |             | charged:                                |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>a. <input type="checkbox"/> A check in the amount of \$ 0.00 to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>19-0741</u> in the amount of \$ 0.00 to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-0741</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charge to a credit card. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.</p>   |              |   |             |   |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b></p>   |              |   |             |   |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>SEND ALL CORRESPONDENCE TO:</p> <p>Foley &amp; Lardner LLP<br/>Customer Number: 22428</p>  |              |   |             |   |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>for <u>MDK/MJM</u><br/>SIGNATURE<br/>Michael D. Kaminski Matthew Mulkeen<br/>NAME<br/>32,904 44,250<br/>REGISTRATION NUMBER</p>  |              |   |             |   |         |   |          |           |  |  |          |           |  |   |          |           |  |                               |  |           |            |  |  |  |  |  |  |  |              |              |   |      |  |  |             |           |   |             |           |  |   |  |  |  |           |  |        |              |              |      |    |  |              |           |    |            |           |  |                    |         |   |             |         |  |   |  |  |  |             |    |                               |  |  |  |            |  |   |  |  |  |            |  |            |  |  |  |            |  |  |  |  |  |    |  |                      |  |  |  |            |  |  |  |  |  |    |  |                   |  |  |  |            |  |  |  |  |  |                        |         |  |  |  |  |          |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Rec'd PCT/PTO 24 FEB 2005

10/522873 #4

Atty. Dkt. No. 040283-0213

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Janet Ann ARCHER, et al.

Title: SUBSTITUTED THIENYL-HYDROXAMIC  
ACIDS AS HISTONE DEACETYLASE  
INHIBITORS

Appl. No.: 10/522,873

Filing Date: 02/02/2005

Examiner: Unassigned

Art Unit: Unassigned

**ASSERTION OF SMALL ENTITY STATUS AND REQUEST FOR REFUND**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

As provided in 37 C.F.R. §1.27(c), Applicants hereby assert entitlement to small entity status in the above-identified application.

The U. S. National Stage entry fee was paid on February 2, 2005, in the amount of \$2530.00 at a large entity rate. As this request is being filed within three (3) months of the date of the timely payment of the full fee pursuant to 37 C.F.R. §1.28(a), Applicants are entitled to a 50% refund of said fee, namely, in the amount of \$1265.00.

In view of the foregoing, Applicants respectfully request that a refund be issued in the amount of \$1265.00 to Deposit Account No. 19-0741.

Respectfully submitted,

Date February 24, 2005

By Matthew M. McKee

FOLEY & LARDNER LLP  
Customer Number: 22428  
Telephone: (202) 672-5490  
Facsimile: (202) 672-5399

for Michael D. Kaminski *Matthew M. McKee*  
Attorney for Applicant 44,250  
Registration No. 32,904